On: 04/07/2004 At: 02:49 pm

Printed By: Brenda Taylor

(4610)

(360) 407-7095

FM 07 Date 01/22/2004

Receipt Name

COLONY SURF CLUB INC

Remitter Name

Current Document Number 461H0987CJ

Check/Draw Number 8688

\$20.00 Document Amount

Check Method of Payment

Comment Description WATER RIGHTS

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FAX COVER SHEET

COLONY SURF CLUB, INC. 50 N Colony Court Lilliwaup WA 98555 Phone: (360) 877-5434

surfinc@hctc.com www.colonysurfclub.com

Send to: Department of Ecology	From: Nadine Jackson, Office Manager	
Attention: Don Davidson	Date: April 7, 2004	
Office Location:	Office Location: Lilliwaup WA	
Fax Number: 360-407-0284	Fax Number: (360) 877-8991 *NEW*	

Urgent
Reply ASAP
Please comment
Please review
For your information

Total pages, including cover: 13

Com	me	nts:

Re: Colony Surf Application No. G2-29997

Cancelled Colony Surf Club, Inc. check no. 8688 dated 1/14/04 - cashed by Dept. of Ecology 1/22/04



Water Right Permit Fee Form

Mike Pena Colony Surf Club 50 N Colony Court Lilliwaup WA 98555

Is this address correct? If not, make corrections in the box on the right.

	Address correction:	
Name:		
Street 1:		
Street 2:		
City:	State:	
Zip-code:		

Application number: G2-29997

Remember to enclose the following check/money order:

\$ 20.00 payable to the Department of Ecology.

Send this form and the payment to:

Department of Ecology Water Resources Program Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775

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ECY 070-43

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COLONY SURF CLUB, INC. 50 N. COLONY COURT LILLIWAUP, WA 98555

WEST COAST BANK 98-707/1251 8688

DOLLARS

1/14/2004

PAY TO THE ORDER OF

DEPARTMENT OF ECOLOGY-WTR RIGHTS

\$ **20.00

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Department of Ecology
Cashiering Section
PO Box 5128
Lacey WA 98509-5128

MEMO

Colony Surf Application No. G2-29997

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STATE OF WASHINGTON DEPARTMENT OF ECOLOGY

PO Box 47775 • Olympia, Washington 98504-7775 • (360) 407-6300

December 22, 2003

CERTIFIED MAIL

Mike Pena Colony Surf Club 50 N Colony Court Lilliwaup WA 98555

Dear Mr. Pena:

RE: Ground Water Application No. G2-29997

Your application is approved. Enclosed is the Report of Examination (Ecology's Order and Determination) which summarizes our findings and represents our final decision. Please read through this report carefully, as it forms the basis for your permit.

Send permit fee

Your permit will be issued after the required 30-day appeal period, and upon receipt of the \$20.00 permit fee. <u>Please send</u> the following to the Water Resources Program at Ecology's Southwest Regional Office:

- The \$20.00 permit fee; a check or money order made out to the Department of Ecology, and
- The completed Water Right Permit Fee Form (enclosed).
 - o If appropriate, make corrections to your name and address in the space provided.

Your right to appeal

This Order may be appealed pursuant to RCW Chapter 43.21B. The person, to whom this Order is issued, if he or she wishes to file an appeal, must file the appeal with the Pollution Control Hearings Board within thirty (30) days of receipt of this Order. Send the appeal to: Pollution Control Hearings Board, P.O. Box 40903, Olympia, Washington 98504-0903. At the same time, a copy of the appeal must be sent to: Department of Ecology, Water Resources Appeals Coordinator, P.O. Box 47600, Olympia, Washington 98504-7600. All others receiving notice of this Order, who wish to file an appeal, must file the appeal with the Pollution Control Hearings Board within thirty (30) days of the date the Order was mailed. The appeal must be filed, with both the Pollution Controls Hearing Board and the Department of Ecology, in the same manner as described above.

U.S. Postal Service™ 2482 **CERTIFIED MAIL™ RECEIPT** (Domestic Mail Only; No Insurance Coverage Provided) 9172 DEPARTMENT OF ECOLOGISTON SOUTHWEST REGIONAL D Postage 4000 Certified Fee Return Reciept Fee (Endorsement Required) 0200 Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ 7003 Mike Pena/Colony Surf Club Street, Apt. No.; or PO Box No. G2-29997 City, State, ZIP+4 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A. Signature Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, ☐ Agent ☐ Address or on the front if space permits. D. Is delivery address different from item 1? Yes C. Date of Delivery 1. Article Addressed to: If YES, enter delivery address below: MIKE PENA □ No COLONY SURF CLUB 50 N COLONY COURT LILLIWAUP WA 98555 3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)

9172 2482

Domestic Return Receipt

☐ Yes

102595-02-M-1035

SWR0/WR G2-29997

7003 0500 0004

PS Form 3811, August 2001

If we can provide any further assistance, please contact our office at (360) 407-6300.

Sincerely,

Thomas Loranger

Water Resources Section Manager

Southwest Regional Office

TL:th

Enclosures:

Report of Examination

Water Right Permit Fee Form "Your Right to Be Heard"

ROE, permit fee.doc